

EXHIBIT A



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Attorneys at Law

283731

8/28/06 ERM

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July 20, 2007

Champlain Valley Physicians
Hospital Medical Center
75 Beekman Street
Plattsburgh, NY 12901

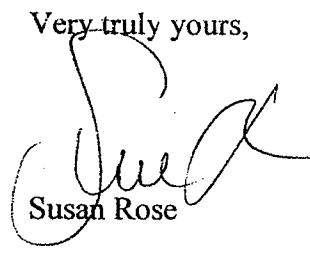
Re: Laure Boudet
date of birth 5/26/77

Dear Custodian of the Records:

I am in receipt of copies of the above referenced individuals medical records that you provided to our office. Could you please provide copies of the films from her x-rays and any MRI's that were performed. I understand that many of the hospitals have begun putting copies of the films onto CD. If it is possible to receive copies of the films on a CD, I would prefer to receive the films on CD. We will be happy to reimburse you for the copying expenses. I have enclosed an authorization for the release of the records.

Should you have any questions, please feel free to call me.

Very truly yours,


Susan Rose

COPIED BY 

JUL 26 2007

CHARTONE

206497



Champlain Valley Physicians
Hospital Medical Center

518-561-2000

75 Beekman Street
Plattsburgh, New York 12901

FAX 518-561-0881

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure of this information except with specific written consent of the person to whom it pertained is prohibited.

CVPH MEDICAL CENTER FACE SHEET

PRE-REGISTRATION COMPLETE



PATIENT NAME : BOUDET ,LAURE
 N/S ROOM/BED :
 ADM DATE/TIME: 08/28/06 21:11
 PCP / FAM DR : NO PRIMARY CARE PHYSICIAN
 ATTENDING DR : MENIA ,TODD MD
 REFERRING DR :
 CHIEF COMPL : HEAD BACK PAIN
 :
 INF CTL ALERT:
 ER ADMIT DX : MULTIPLE FX T6 T7 T8 C7
 ADV DIRECTIVE: NO ADVANCED DIRECTIVE

ACCOUNT NO: 86574530 STATUS : EA
 MED REC NO: 283731 HOSP SVC: ERM
 ADM SOURCE: REF SOURCE:
 PCP / FAM : 999946 PT TP: E
 ATT DR NO : 802660
 REF DR NO :

EXP ARRIVAL DATE :
 SCHED SURGERY DATE:

PATIENT INFORMATION
 ADDRESS : 22 LUE CHORON TELEPHONE : 514-271-8820
 PARIS BIRTHDATE : 05/26/1977
 XX 99999 99 SOC SEC NO: 999-99-9999

MAR STATUS: S SEX: F RACE: W
 AGE : 29 Y M 0 D

CONGREGATION : PT. PREFERS NOT TO DISCLOSE , PATIENT DECLINES

PATIENT EMPLOYER INFORMATION
 EMPLOYER : NOT EMPLOYED TELEPHONE :
 ADDRESS :

NEXT OF KIN INFORMATION

NEXT OF KIN : REL TO PT : PT DECLINES
 MAILING ADDR : STREET ADD:
 CITY : STATE/ZIP :
 HOME PHONE : WORK PHONE:
 MOTHERS NAME : FATHERS NM:

F/C: N

INSURANCE INFORMATION

PR	PRFX	POLICY	DESCRIPTION	PT RL TO SUB	SUB SSN
PLN	SUFX	GROUP	SUBSCRIBER	EMPLOYER	SUB BIRTHDATE
1	*	*	BOUDET ,LAURE	PATIENT/SELF	999-99-9999 05/26/1977
N98					

INS 4 PLAN :
 GUARANTOR : BOUDET ,LAURE
 ACCIDENT : INFORMATION COLLECTED
 COMMENTS :
 RESP PARTY : CLMO

DISCHARGE DATE:
 DISCHARGE TIME:
 COMPLETED BY:



14:15 08/29/06 FROM @00X, PMFACEF1

18 Multiple Trauma (5)

TIME SEEN: 21:30 ROOM: FR+ EMS arrival
 ECC Physician Holmeyer PCP *o* Parise
 HISTORIAN: patient spouse paramedics
 HX / EXAM LIMITED BY:
 EMS Medical Control Provided
 Pt from: home other

HPI chief complaint: Injury to: head, neck

occurred:	where:
Just PTA	home
today	neighbor's
yesterday	city park
days PTA	work street

context: *LOC - possibly thrown from vehicle*

location of pain / injuries:	-right-	-left-
head	shldr	shldr
face	hip	hip
mouth	arm	arm
neck	thigh	thigh
chest	elbow	elbow
abdomen	knee	knee
back	f-arm	f-arm
upper mid-lower	leg	leg
radiating to R/L thigh/leg	wrist	wrist
	ankle	ankle
	hand	hand
	foot	foot

severity of pain:	associated symptoms:
mild	lost consciousness / dazed
moderate	duration:
severe	remembers: impact coming to hospital
	seizure

ROS	<input type="checkbox"/> all systems neg except as mrkd
loss of feeling / power	arms / legs
headache	trouble breathing / chest pain
double vision / hearing loss	nausea / vomiting
	loss of bladder function
	skin laceration
	recent fever / illness

SOCIAL HX	recent ETOH	smoker	drug abuse

PAST HX negative records reviewed
 transfer/nursing home paperwork reviewed

Meds: none nurses note reviewed
 Allergies: NKDA / nurses note reviewed

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CVPH Medical Center

Plattsburgh, NY

EMERGENCY PHYSICIAN RECORD

Nursing Assessment / PCR Rewrd Vitals Reviewed Status immunit. U/T

PHYSICAL EXAM Alert Lethargic Anxious

Distress: NAD mild moderate severe

Other: c-collar (PTA in ED) back-board IV splint

HEAD see diagram

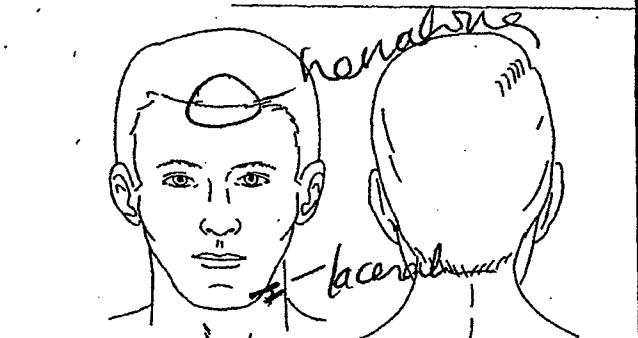
Battle's sign / Raccoon Eyes

NECK see diagram

non-tender vertebral point-tenderness

painless ROM muscle spasm / decreased ROM

trachea midline pain on movement of neck



EYES unequal pupils R: ____ mm L: ____ mm
 EOM entrapment / palsy
 subconjunctival hemorrhage

ENT hemotympanum
 TM obscured by wax
 clotted nasal blood
 dental injury / malocclusion

RESP / CVS see diagram (on reverse)
 chest non-tender decreased breath sounds
 breath sounds nml wheezing / rales
 heart sounds nml splinting / paradoxical movements

ABDOMEN see diagram (on reverse)
 non-tender tenderness / guarding / rebound
 no organomegaly mass / organomegaly

GENITAL / RECTAL perineal hematoma
 blood at urethral meatus
 decreased rectal tone

NEURO / PSYCH confusion / disorientation
 EOM palsy / anisocoria
 facial asymmetry
 unsteady / ataxic gait
 sensory / motor deficit



BOUDET, LAURE
 283731 ED PHYSICIAN
 08/28/86 86574530
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SKIN

intact
warm, dry

BACK

no CVA
tenderness
no vertebral
tenderness

EXTREMITIES

atraumatic
pelvis stable
hips non-tender
no pedal edema
nml ROM

see diagram

crepitus / diaphoresis

see diagram

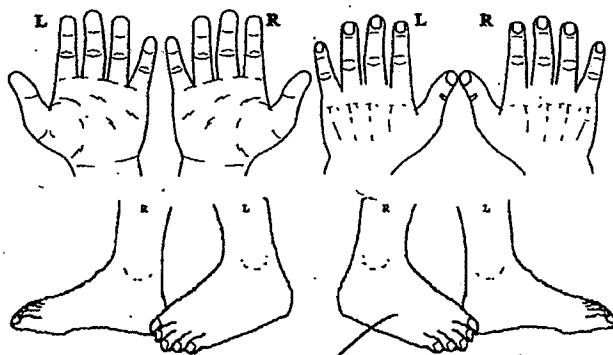
vertebral point-tenderness
CVA tenderness
muscle spasm / limited ROM

see diagram

bony point-tenderness
painful / unable to bear weight
pulse deficit

Joint Exam:

limited ROM / ligaments laxity / joint effusion

XRAYS Interp. by me Reviewed by me Discsd w/ radiologist

C-Spine D-Spine LS-Spine

nml / NAD
no fracture
nml alignment
soft tissues nml

rib fracture

infiltrate / atelectasis

OTHER See separate report

Head CT & Spine CT

PROCEDURES and PROGRESS:

Wound Description / Repair

length 2 cm location

superficial SQ muscle linear stellate irregular
clean contaminated moderately / heavily

distal NVT: neuro & vascular status intact no tendon injury

anesthesia: local digital block cc

lidocaine 1% 2% epi bicarb marcaine 25% .5% LET

prep:

wound cleanser NS

irrigated / washed w/ saline

extensively

explored

repair: Wound closed with: wound adhesive / Dermabond / steri-strips
SKIN- # 5 6-0 nylon prolene / staples /

debrided / undermined

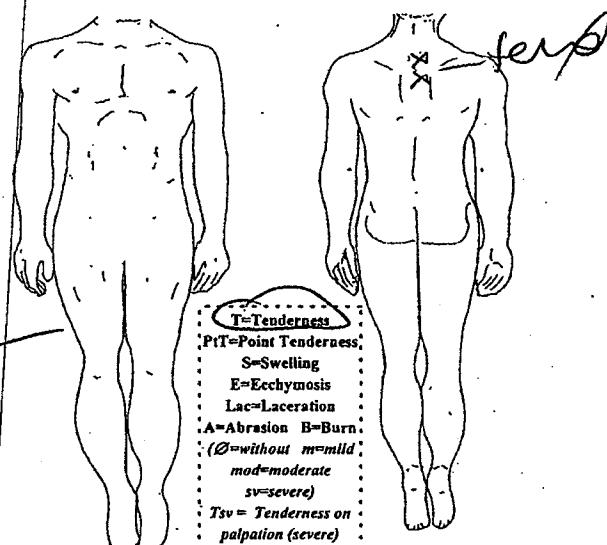
extensively

foreign material removed

minimal moderate extensive

*SQ- # 0 vicryl / chromic

* may indicate intermediate repair may indicate intermediate or complex repair



Time 6:05A unchanged improved re-examined

Head CT

C-spine CT

non-displaced fracture of base of 7th cervical vertebra
posterior process of transverse process

Dr. Manzi

Recommendation: will see pt in office / ECG / hospital / other

Care turned over to

Counselled patient / family regarding:

lab results diagnosis need for follow-up

Rx given Admit orders written

Prior records ordered

CRIT CARE 30-74 min

75-104 min min

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

contusion

head	wrist	R/L
face	hand	R/L
chest	hip	R/L
abdomen	thigh	R/L
back	knee	R/L
shoulder	R/L	leg
arm	R/L	R/L
elbow	R/L	ankle
forearm	R/L	foot

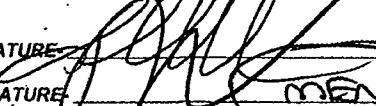
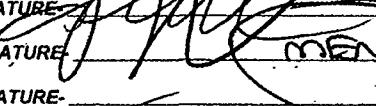
sprain / strain

neck dorsal lumbar sacral

concussion

with LOC w/o LOC

laceration

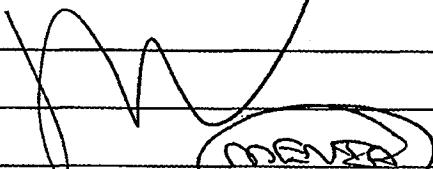
Fracture of cervical and
thoracic spineDISPOSITION: discharge expired admit AMATime 9:30 left before eval complete transfer to EMTALA EMC present EMTALA EMC absent stable1st PHYSICIAN SIGNATURE: 2nd PHYSICIAN SIGNATURE: 3rd PHYSICIAN SIGNATURE:  Dictated Addendum Template Complete

PHYSICIANS PROGRESS NOTES

DATE/TIME

~9:30 8/29/06

Pt very anxious/claustrophobic when immobilized.
 Initially refused meds, but later was willing
 to accept albuterol. Asthma under control. Pt not
 effective may have to stay at different form
 of immobilization.



 mrska

Do Not Use Abbreviations - u, IU, MgSO₄, MSO₄, OD, OS, OU, µg, cc, D, QD, QOD,
 Trailing Zero (X.0), & Lack of Leading Zero (X)



FORM N-54 REV. (9/05)

BOUDET, LAURE	
283731 ED PHYSICIAN	
08/28/06 86574530	
29 Y 05/26/1977	
MR	() - S

Unofficial Copy

DATE/TIME

Do Not Use Abbreviations - u, IU, MgSO₄, MSO₄, OD, OS, OU, µg, cc, D, QD, QOD,
Trailing Zero (X.0), & Lack of Leading Zero (X)

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C00314

06 **Multiple Trauma** *PR* AT

ROOM _____ NAME _____ AGE _____

To be seen by: ECC MD PCP

PRE HOSPITAL CARE / TRIAGE NURSING ASSESSMENT

ACUITY emergent **urgent** non-urgent FT
referred by:

ARRIVED BY: with: from:

NEW ACUITY: emergent **urgent** non-urgent TIME

EMS: # BP P R IV O2 CM
head immobilization c-collar backboard GCS

Triage RN Signature

VITALS time: *9:00*
BP *149/89* P *77* RR *22* temp _____ TM O R
O₂ Sat% *100* RA/O₂ GCS _____

PAIN LEVEL current: /10 max /10 acceptable /10
quality _____

CHIEF COMPLAINT *head pain*
occurred just PTA LIMP
lost consciousness *(circle)* ambulatory at scene

INJURIES / PAIN R L

head	neck	shldr	hip	shldr	hip
face	back	arm	thigh	arm	thigh
nose	chest	elbow	knee	elbow	knee
mouth	abdomen	f-arm	leg	f-arm	leg
coccyx	_____	wrist	ankle	wrist	ankle
		hand	foot	hand	foot
		fingers	toes	fingers	toes

MECHANISM *bus crash* GSW / stab wound
fall _____
hit by car _____ burn _____
motorcycle / bicycle / ATV _____ injury on duty _____
SAFETY none helmet safety glasses

PAST MEDICAL HX negative

bleeding disorders	GI
blood Tx reaction	GU
cancer	glaucoma
cardiac	HTN
communicable disease	neuro
diabetes	psych
dialysis	resp
difficulties: hearing / speech	seizures
eyesight	last _____
other	teaching sheet given

SOCIAL HX
tobacco use smoking hx within last year **Y** or N if yes brochure offered
drugs / alcohol use, last drink _____
^TB exposure / symptoms _____
^has been physically hurt or threatened by someone close _____

RN Signature *E. J. H. et al.*

INITIAL ASSESSMENT TIME: _____

GENERAL APPEARANCE
 no acute distress **mild / moderate / severe distress**
 alert **anxious / decreased LOC**

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CVPH Medical Center
Plattsburgh, NY

EMERGENCY NURSING RECORD

FUNCTIONAL / NUTRITIONAL ASSESSMENT		
independent ADL	assisted / total care	
appears well nourished	obese / malnourished	
	recent weight loss / gain	
CHEST	laceration / abrasion / swelling	
no evidence of trauma	tenderness	
non-tender	wheezing / crackles / stridor	
breath sounds nml	seat belt marks	
	deformity	
CVS	tachycardia / bradycardia / irreg rhythm	
regular rate	pulse deficit	
pulses strong & equal	abnml heart sounds	
siml heart sounds	pale / cyanotic	
skin warm, dry	cool / diaphoretic	
NEURO	disoriented to person / place / time	
oriented x 3	confused / memory loss	
PERRL	weakness / sensory loss	
HEAD / FACE	laceration / abrasion / swelling	
no evidence of trauma	periorbital swelling / hematoma	
to head / eye / ear / face	ecchymosis	
	dental injury / malocclusion	
NECK / BACK	laceration / abrasion / swelling	
no evidence of trauma	tenderness	
non-tender		
ABDOMEN	laceration / abrasion / swelling	
no evidence of trauma	tenderness	
soft, non-tender	rigid / distended	
PELVIS / GU	laceration / abrasion / swelling	
no evidence of trauma	pelvis unstable	
pelvis stable	tenderness	
EXTREMITIES	blood at urethral meatus	
no evidence of trauma	laceration / abrasion / swelling	
non-tender	tenderness	
sensation intact	deformity	
motor intact	sensory / motor deficit	
RN Signature	<i>Elizabeth Dea RN</i>	
TIME	ACTIONS / PATIENT TEACHING TIMES	INIT
ID band applied	ID band verified	
C-collar	back board	
ice pack / elevation	warming measures	
bandage applied	wet to dry dressing	
pulse oximeter	O ₂ : L via	
Labs	Xrays	
EKG	U/A	
set up suture tray	/ eye tray	
cardiac monitor		
Accu-Chek		
Q 2hr IV checks		
bed low position	side rails up x1 x2	
call light in reach	head of bed elevated	
conscious sedation protocol	implemented	
blood transfusion protocol	implemented	

SIGNATURE		INITIAL
RN #1	<i>Elizabeth De</i>	SJ
RN #2		
RN #3		
RN #4		

⁴ protocol available

BOUDET LAURE	
283731	ED PHYSICIAN
08/28/06	86574530
29 Y 05/26/1977	
MR () -	S

PHYSICIAN ORDERS

DATE HOUR

Admitting Physician: _____

Attending Physician: _____

Primary Care Physician: _____

ECC ADMISSIONS
ONLY

DRNS DSW/GRM

Do Not Use Abbreviations - u, IU, MgSO₄, MS, MSO₄, QD, QS, QH, µg, cc, D, QD, QOD,
Trailing Zero (X.0), & Lack of Leading Zero (2)

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Plattsburgh, NY



FORM NLR/REV 7/01

BOUDET, LAURE

283731

ED PHYSICIAN

08/28/86

86574530

29 Y 05/26/1977

MR () - S



96

Physician Order Sheet

ATP for _____ completed at: _____ Initials _____

LABS "circle"	TIME	STANDARD PANELS "labs only"	TIME
• ABC		• Cardiac Panel	
• CBC		• Trauma Panel	
• CMP		• CSF protocol	
• BMP		• Hepatic function Panel	
• HCG			
• PT			
• PTT			
• D-dimer			
• ESR			
• Strep Screen			
• Throat Culture			
• Mono spot			
• Lipase			
• UA clean cath			
• Urine culture			
• Urine Drug Screen			
• Ethanol level			
• Wound culture: site			
• Blood culture x			
• Sputum culture			
• Stool culture			
• C. diff toxin			
• Stool WBCs			
• Stool Ova and Para			
• GC/Chlamydia antigen			
• Drug levels:			
• Carboxyhemoglobin			
• Type and Screen			
• Type & Cross for units			

X-RAYS / INDICATIONS		TIME
• CXR	Port PA / LAT	
• Ultrasound	pelvic abdominal biliary renal	
• Venous doppler	of	
• KUB flat upright		
• CT	head C-spine abdomen pelvis chest angiogram with or w/o contrast	
• Trauma portables:	Lateral C-spine / AP CXR / AP pelvis	
• Full C-Spine	3 view 5 view	
• Acute Abd Series		
• V / Q Scan		
CARDIORESPIRATORY		TIME
• EKG		
• ABG RA	L O2	

Initial Nursing Orders

- Cardiac Monitor
 Pulse Oximeter
 Oxygen _____ L NC
 titrate to keep sat greater than 95%
 Fully Disrobe / Gown
 Orthostatic vital signs
 Neuro checks q _____
 IV _____ @ _____ mL/hr
 IV Bolus _____ mL over _____
 Saline lock
 Albuterol 2.5 mg / Nebulizer
 Continuous for _____ min
 q _____ min x _____
 Atrovent 0.5 mg / Nebulizer _____
 Pain medications
 Acetaminophen _____ mg PO PR
 Ibuprofen _____ mg PO PR
 Morphine _____ mg IV q _____
 min pm pain greater than /10,
 sbp greater than _____
 Demerol _____ mg IV q _____
 min pm pain greater than /10,
 sbp greater than _____

- Antiemetic
 Phenergan _____ mg _____
 Reglan _____ mg _____
 Follow Schedule A for Insulin Coverage

Subsequent Orders

- Time Orders
 Please repeat: BP HR RR O₂ Sat Temp _____
 May be off cardiac monitor for radiology studies or transport _____
 Admit to observation status for _____

PHYSICIAN SIGNATURES

BOUDET, LAURE
 283731 ED PHYSICIAN
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 EMERGENCY PHYSICIAN RECORD



CONSULTANT / ATTENDING NOTE time: _____

medic note. TUE ~ 7:30 AM

displaced fracture in discussion,
possibly avulsed. (4) L1. L2
head near dorsal spine.

Plain films C-Spine / neck / lumbar &
CT Brain &
CT C-Spine: Normal for mechanism of
C4 fracture posteriorly, fracture
line of transverse process.
CT T Spine: posterior and dorsal
Superior and vertebral fractures,
and wedge type of T6-7
to retroversion.
H=2.9 - treated.

Exam: Pt seated on stretcher
double cervical collar.
- GCS 15
- Facial abrasions / bruised face
- Lungs (TA - NO Dyspnoea)
- Heart Reg
- DdL SUPER / Nerve root
- Tenderness
- Neuro & ; motor sensory
decreased intact.

Posterior spinal injuries need
surgically, are not available.
There are no abs transfer for upgrade
so we: Pt consents to transfer and
requests transfer to General. This has
decision making capacity, ?
8:00 Neurology Dr. Chateau
wants to trauma surgeon as well.
8:12 Dr. Troquet, trauma surgeon,
wants pt to transfer.

ADDITIONAL PROGRESS NOTES

 continued from template

time notes

6:15 potassium. 40MEQ po.
20MEQ IV in NS. over
2 hrs *dtll*

6:15A Spine w/ Dr Monzi
from Burlington Spine
trauma specialist
described for to him
stated we must get
an upright X-ray w/
the extended neck
collar w/ strap around
chest.
if there is no displacement
in upright view w/
collar on - D/choice
(WIC FU -

802 847 9085 Burlington
Spine Institute

Pt returned a new
dental - comby str.
molybne.
awaiting Thorac
spine CT *dtll*

8:30A
Pt seen by Dr Lachox
at General. Within past
few months has
insurance requests transfer
to Montreal (General)
dtll

BOUDET, LAURE
283731 ED PHYSICIAN
08/28/86 86574530
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MR () - S

REMOVED

C V P H MEDICAL CENTER
 PLATTSBURGH, NEW YORK
 DEPARTMENT OF PATHOLOGY
 MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
 DOB : 05/26/1977
 LOC : OEC

AGE: 29Y
 SEX: F

MED REC #: 283731
 ACCNT # : 86574530
 DR: ED PHYSICIAN

***** HEMATOLOGY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130		
LOC:	OEC		
WBC	H 21.9	4.8-10.8	K/uL
RBC	4.62	4.0-5.2	M/uL
HGB	14.9	12.0-16.0	gm/dL
HCT	43.7	36.0-46.0	%
MCV	94.5	80-100	fL
MCH	32.3	26.0-34.0	pg
MCHC	34.1	31.0-37.0	gm/dL
RDW	12.6	11.5-14.5	%
PLT	277	130-400	K/uL
MPV	8.8	7.4-10.4	fL

***** COAGULATION *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130		
LOC:	OEC		
PT	11.4	10.5-13.3	SECONDS
INR	1.0		
	(a)		
	(b)		
	(c)		
	(d)		

---FOOTNOTES---

- (a)
- (b) SUGGESTED THERAPEUTIC RANGE:
- (c) FOR ORAL ANTICOAGULANT THERAPY: 2.0-3.0
- (d) FOR PROSTHETIC HEART VALVE PATIENTS: 3.0-4.0

C V P H MEDICAL CENTER
 PLATTSBURGH, NEW YORK
 DEPARTMENT OF PATHOLOGY
 MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
 DOB : 05/26/1977
 LOC : OEC

AGE: 29Y
 SEX: F

MED REC #: 283731
 ACCNT #: 86574530
 DR: ED PHYSICIAN

***** COAGULATION *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		
PTT	(e)	23.8-37.8	SECONDS
	(f)		
	(g)		

***** GENERAL CHEMISTRY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		
SODIUM	140	136-143	mmol/L
POTASSIUM	L 2.9	3.4-5.2	mmol/L
CHLORIDE	104	98-107	mmol/L
CO2	24.3	22-31	mmol/L
ANION GAP	12	8-16	
BUN	13	6-19	mg/dL
CREATININE	0.8	0.5-1.2	mg/dL
B/C RATIO	16		
GLUCOSE	108	75-125	mg/dL
AMYLASE	93	30-110	U/L
LIPASE	24	22-51	U/L
CALCIUM	8.8	8.7-10.2	mg/dL
CALC. GFR	(h)		mL/min/1.73 sq m

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

- (e) 25.2
- (f) SUGGESTED THERAPEUTIC RANGE 69-164 SECONDS
- (g)
- (h) 90

C V P H MEDICAL CENTER
 PLATTSBURGH, NEW YORK
 DEPARTMENT OF PATHOLOGY
 MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
 DOB : 05/26/1977
 LOC : OEC

AGE: 29Y
 SEX: F

MED REC #: 283731
 ACCNT #: 86574530
 DR: ED PHYSICIAN

***** GENERAL CHEMISTRY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		

CALC. GFR (cont)
 (i)
 (j)
 (k)
 (l)
 (m)
 (n)
 (o)
 (p)
 (q)
 (r)
 (s)
 (t)
 (i)
 (u)
 :::

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---

- (i)
- (j) ESTIMATED GLOMERULAR
- (k) FILTRATION RATE IN
- (l) mL/min/1.73 SQUARE METERS
- (m) BASED ON AGE, GENDER AND
- (n) CREATININE FOR PATIENTS
- (o) FROM 20-70+ YEARS. FORMULA
- (p) DOES NOT CORRECT FOR BODY
- (q) SURFACE AREA AND ASSUMES
- (r) CAUCASIAN ETHNICITY. FOR
- (s) AFRICAN-AMERICANS, MULTIPLY
- (t) RESULT BY 1.21.
- (u) Reference Range:
- (v) AGE (YEARS) AVERAGE GFR

NEW ACTIVITY ONLY
 PAGE 3

CONTINUED

BOUDET, LAURE
 08/29/2006 00:50

C V P H MEDICAL CENTER
 PLATTSBURGH, NEW YORK
 DEPARTMENT OF PATHOLOGY
 MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
 DOB : 05/26/1977
 LOC : OEC

AGE: 29Y
 SEX: F

MED REC #: 283731
 ACCNT # : 86574530
 DR: ED PHYSICIAN

***** GENERAL CHEMISTRY *****

DAY:	1		
DATE:	08/28/06		
TIME:	*2130	NORMAL	UNITS
LOC:	OEC		

CALC. GFR (cont)

(v)
 (w)
 (x)
 (y)
 (z)
 (aa)
 (ab)
 (v)

***** ENDOCRINOLOGY *****

08/28/06

* 2130 HCG (QUALITATIVE)

mIU/mL

NEGATIVE

---FOOTNOTES---

(v)		
(w)	20-29	116
(x)	30-39	107
(y)	40-49	99
(z)	50-59	93
(aa)	60-69	85
(ab)	70+	75

NEW ACTIVITY ONLY
 PAGE 4

CONTINUED

BOUDET, LAURE
 08/29/2006 00:50

C V P H MEDICAL CENTER
PLATTSBURGH, NEW YORK
DEPARTMENT OF PATHOLOGY
MARTIN A. DAVIDSON M.D., DIRECTOR

NEW ACTIVITY ONLY

NAME: BOUDET, LAURE
DOB : 05/26/1977
LOC : OEC

AGE: 29Y
SEX: F

MED REC #: 283731
ACCNT # : 86574530
DR: ED PHYSICIAN

***** BLOOD TYPE AND ANTIBODY TESTING *****

TEST: ABORH (D) ANTIBODY
SCREEN

UNITS:

08/28/06
* 2130 B POSITIVE NEGATIVE

NEW ACTIVITY ONLY
PAGE 5

END OF REPORT

BOUDET, LAURE
08/29/2006 00:50

RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90002
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	N	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:		PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	(514) 271-8820
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS:	22 LUE CHORON PARIS, XX 99999
ORDERING PHYSICIAN:	HOHIMER INGRID			PCP/FAM PHYSICIAN:	NO PRIMARY CARE
ATTENDING PHYSICIAN:	MENIA, TODD				
POLYCLINIC PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
3065 - BRAIN W/O CONTRAST
3110 - CERVICAL SPINE W/O

CONTRAST

EXAM: (CTS 3065) BRAIN W/O CONTRAST CDM# 19627603
DATE & TIME EXAM COMPLETED: Aug 29 2006 12:07AM CPT: 70450
REASON FOR EXAM: MVA/ LOC Accession #: 1591330

FINDINGS: 5 mm unenhanced axial images through the brain are performed. Ventricular size and configuration is within normal limits. No CT evidence for intracranial mass effect, hemorrhage, or extraaxial fluid collections. Hyperdense left convexity scalp hematoma is noted. No apparent associated displaced calvarial fracture.

IMPRESSION: Left convexity scalp hematoma. Negative CT examination of the brain.

Read By: MICHAEL PHILLIPS, M.D.
Transcribed By: JRC

Dictated Date: Aug 29 2006 12:38AM
Transcribed Date: Aug 29 2006 9:24AM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MICHAEL PHILLIPS, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
 MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90002
 ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	N	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:		PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	(514) 271-8820
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS:	22 LUE CHORON PARIS, XX 99999
ORDERING PHYSICIAN:	HOHIMER INGRID			PCP/FAM PHYSICIAN:	NO PRIMARY CARE
ATTENDING PHYSICIAN:	MENIA, TODD				
PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
 3065 - BRAIN W/O CONTRAST
 3110 - CERVICAL SPINE W/O

CONTRAST

EXAM: (CTS 3110) CERVICAL SPINE W/O CONTRAST CDM# 19628502

DATE & TIME EXAM COMPLETED: Aug 29 2006 12:14AM CPT: 72125

REASON FOR EXAM: MVA/ LOC Accession #: 1591331

FINDINGS: 1.6 mm axial unenhanced CT images between the occiput and upper T2 levels are performed. Multiple two-dimensional parasagittal and coronal reconstructed images are obtained.

There is evidence of an acute nondisplaced fracture of the right lamina of C7 at and near the junction with the right superior facet, posterior aspect of the pedicle, and base of the right transverse process. No additional fractures are visualized in the cervical spine. On reconstructed images, alignment of the cervical vertebral bodies is within normal limits. No apparent prevertebral soft tissue swelling.

IMPRESSION: Nondisplaced fracture of the right lamina of C7.

Read By: MICHAEL PHILLIPS, M.D.

Dictated Date: Aug 29 2006 12:43AM

Transcribed By: DAM

Transcribed Date: Aug 29 2006 9:29AM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY MICHAEL PHILLIPS, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90003
ORDERED FOR DATE: Aug 29 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	N	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:		PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	(514) 271-8820
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS:	22 LUE CHORON PARIS, XX 99999
ORDERING PHYSICIAN:	HOHIMER INGRID			PCP/FAM PHYSICIAN:	NO PRIMARY CARE
ATTENDING PHYSICIAN:	MENIA, TODD				
PHYSICIAN,					

*****Final Report*****

ADDITIONAL EXAMS ORDERED:
3010 - THORACIC SPINE W/O

CONTRAST

EXAM: (CTS 3010) THORACIC SPINE W/O CONTRAST CDM# 19601004

DATE & TIME EXAM COMPLETED: Aug 29 2006 6:38AM CPT: 72128

REASON FOR EXAM: BACK PAIN S/P MVA Accession #: 1591454

FINDINGS: 3.2 mm sections were obtained with sagittal reformats performed.

Findings:

There are mild acute compression fractures of the superior endplates of the T6, T7, and T8 vertebral bodies. There is no apparent involvement of the posterior elements or the posterior cortex of the vertebral bodies. There is no appreciable retropulsion of bony material into the vertebral canal and no encroachment on the vertebral canal is seen. There is a nondisplaced fracture through the pars interarticularis of C7 on the right side.

On review of lung windows there is a little bit of dependent atelectasis in both lungs. Within the visualized lung apices, no pneumothorax is seen. Visualization of the mediastinum is incomplete on this exam, but no mediastinal hematoma is noted.

IMPRESSION: 1) There are mild compression fractures of the T6, T7, and T8 vertebral bodies.
2) There is a nondisplaced fracture of the pars interarticularis of C7 on the right side.

Findings were conveyed to the emergency department at the time of the examination by a VRC radiologist.

Read By: JAMES KENNEY, M.D.
Transcribed By: JRC

Dictated Date: Aug 29 2006 8:43AM
Transcribed Date: Aug 29 2006 10:56AM



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90003
ORDERED FOR DATE: Aug 29 2006

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY JAMES KENNEY, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
 MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
 ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	S	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:	E06101	PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	0-
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	
ORDERING PHYSICIAN:	HOHIMER INGRID			, 12901	
ATTENDING PHYSICIAN:	ED PHYSICIAN,			PCP/FAM PHYSICIAN:	NO PRIMARY CARE
PHYSICIAN,					

*****Final Report*****

VIEW

ADDITIONAL EXAMS ORDERED:
 1760 - CERVICAL SPINE - SINGLE

1270 - PELVIS- 1-2 VIEWS
 1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1760) CERVICAL SPINE - SINGLE VIEW

CDM# 19302017

DATE & TIME EXAM COMPLETED: Aug 28 2006 10:14PM

CPT: 72020

REASON FOR EXAM: TRAUMA Accession #: 1591327

FINDINGS: 1 LATERAL view of the cervical spine was provided. No significant abnormalities are detected in the regional bones, joints, or soft tissues.

IMPRESSION:

Normal cervical spine exam.

Read By: GERALD SCHULZE, M.D.

Dictated Date: Aug 28 2006 10:24PM

Transcribed By: GJS

Transcribed Date: Aug 28 2006 10:24PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
 MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
 ORDERED FOR DATE: Aug 28 2006

ACCOUNT #:	86574530	FINANCIAL CLASS:	S	ORD NURSE STATION:	ED
ADMISSION DATE:	08/28/2006	INPATIENT ROOM:	E06101	PATIENT CLASS:	E
INVISION ORD #:		DATE OF BIRTH:	05/26/1977	PATIENT PHONE:	0 -
PATIENT AGE:	29Y	PATIENT SEX:	F	PT ADDRESS	
ORDERING PHYSICIAN:	HOHIMER INGRID			12901	
ATTENDING PHYSICIAN:	ED PHYSICIAN,			PCP/FAM PHYSICIAN:	NO PRIMARY CARE
PHYSICIAN,					

*****Final Report*****

VIEW

ADDITIONAL EXAMS ORDERED:
 1760 - CERVICAL SPINE - SINGLE

1270 - PELVIS- 1-2 VIEWS
 1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1270) PELVIS- 1-2 VIEWS CDM# 19306307
 DATE & TIME EXAM COMPLETED: Aug 28 2006 10:15PM CPT: 72170
 REASON FOR EXAM: TRAUMA/ MVA Accession #: 1591328

FINDINGS: One view of the pelvis was provided. No significant abnormalities are detected in the regional bones, joints, or soft tissues.

IMPRESSION:

Normal pelvis exam.

Read By: GERALD SCHULZE, M.D.
 Transcribed By: GJS

Dictated Date: Aug 28 2006 10:25PM
 Transcribed Date: Aug 28 2006 10:25PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



RADIOLOGY RESULT DOCUMENT
CVPH MEDICAL CENTER
PLATTSBURGH, NY 12901

PATIENT NAME: BOUDET, LAURE
MEDICAL RECORD# 283731

RMS ORDER NUMBER: 90001
ORDERED FOR DATE: Aug 28 2006

ACCOUNT #: 86574530
ADMISSION DATE: 08/28/2006
INVISION ORD #:
PATIENT AGE: 29Y
ORDERING PHYSICIAN:
ATTENDING PHYSICIAN:
PHYSICIAN,

FINANCIAL CLASS:S
INPATIENT ROOM: E06101
DATE OF BIRTH: 05/26/1977
PATIENT SEX: F
HOHIMER INGRID
ED PHYSICIAN,

ORD NURSE STATION: ED
PATIENT CLASS: E
PATIENT PHONE: 0 -
PT ADDRESS
, 12901
PCP/FAM PHYSICIAN: NO PRIMARY CARE

*****Final Report*****

VIEW

ADDITIONAL EXAMS ORDERED:
1760 - CERVICAL SPINE - SINGLE

1270 - PELVIS- 1-2 VIEWS
1095 - CHEST-PA-AP X-RAY

EXAM: (RAD 1095) CHEST-PA-AP X-RAY CDM# 19302009
DATE & TIME EXAM COMPLETED: Aug 28 2006 10:16PM CPT: 71010
REASON FOR EXAM: MVA/ TRAUMA Accession #: 1591329

FINDINGS: One view of the chest demonstrates no significant soft tissue or bony abnormality. The lungs are clear. The pulmonary vasculature is normal. The heart is normal in size. The mediastinal structures are unremarkable.

IMPRESSION:

Normal chest.

Read By: GERALD SCHULZE, M.D.
Transcribed By: GJS

Dictated Date: Aug 28 2006 10:24PM
Transcribed Date: Aug 28 2006 10:24PM

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED BY GERALD SCHULZE, M.D.
Associates in Radiology of Plattsburgh, P.C.



CHAMPLAIN VALLEY PHYSICIAN'S HOSPITAL MEDICAL CENTER
NEUROLOGICAL ASSESSMENT FLOWSHEET

LEVEL OF CONSCIOUSNESS	DATE	8/28	8/28	8/28	8/28	8/29	8/29	8/29	8/29	
TIME	0200	2130	2230	2330	0315	0315	0450	0520	0520	
EYE OPENING										
Spontaneously.....	4	4	4	4						
To Speech, Shout, Shake *..... (* Indicate which)	4	4	4	4						
To Pain.....	2									
None.....	1				4	4	4	4	4	
VERBAL RESPONSE										
Answers Appropriately.....	5	5	5	5						
Confused Conversation.....	4	5	5	5						
Inappropriate Words.....	3									
Incomprehensible Sounds.....	2				5	5	5	5	5	
No Verbal Response.....	1									
MOTOR RESPONSE (BEST RESPONSE)										
Purposeful - Obeys.....	6	6	6	6						
- Localizes.....	5				6	6	6	6	6	
Withdraws.....	4									
Decorticate (Abn. Flexion).....	3									
Decerebrate (Abn. Extension).....	2									
Flaccid.....	1									
GLASGOW POINTS (Total)										
	15	15	15	15	15	13	15	15	15	
MOTOR STRENGTH ASSESSMENT										
Right Arm	5	5	3	5	5	5	5	5	5	
Left Arm	5	5	5	5	5	5	5	5	5	
Right Leg	5	5	5	5	5	5	5	5	5	
Left Leg	5	5	8	5	5	5	5	5	5	
See Scale										
PUPILS										
Reacts Impaired Reaction (Slow response) No Reaction	Right	Size	2	2	2	2	2	2	2	
	Reaction	+	+	+	+	+	+	+	+	
	Left	Size	2	2	2	2	2	2	2	2
	Reaction	+	+	+	+	+	+	+	+	
Blood Pressure										
1 2 3 4 5	6	142/87	143/95	146/87	133/75	110/61	114/100	132/79	140/90	
Pulse										
1 2 3 4 5	6	77	77	64	74	73	74	97	98	
Respiration										
1 2 3 4 5	6	22	20	20	18	18	18	18	18	
Temperature										
1 2 3 4 5	6	100%	99%	100%	99%	97%	98%	97	99	
Pupil Scale (mm)										
1 2 3 4 5	6	20	90	20	5F	16	5F	13	13	
Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	Init/Sig:	
10/10/08 10/10/08 10/10/08 10/10/08 10/10/08 10/10/08 10/10/08 10/10/08 10/10/08 10/10/08										

MOTOR STRENGTH SCALE:

- 5 = Normal movement against gravity and resistance
 4 = Full Range of Motion against gravity and moderate resistance
 3 = Full Range of Motion against gravity only, but not against resistance
 2 = Extremity can move but not against gravity (can move on bed but not lift)
 1 = Muscle can be felt to contract but extremity does not move
 0 = No visible or palpable contraction of the muscle or movement of extremity
- 3/30/00ddt/forms\10013

Addressograph

BOUDET, LAURE
 283731 ED PHYSICIAN
 08/28/06 86574530
 29 Y 05/26/1977
 MR () - S



VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine is given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

"I have read or have had explained to me the information in this pamphlet about diphtheria, tetanus (lockjaw), and pertussis, DT, Td and tetanus vaccines. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of DTP, Pertussis, DT, Td and tetanus vaccines and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request."

Vaccine to be given: DTP Pertussis DT Td Tetanus

Information about person to receive vaccine (Please Print)

Name:	BOUDET, LAURE		
283731	ED PHYSICIAN	e Initial	Date Birth
08/28/86	06574530		Age
Address: 29 Y	05/26/1977	County	State
MR ()	s		Zip

Signature of person to receive vaccine or person authorized to make the request: (parent or guardian):

X

huff
Date _____

1c\forms\vacconsent
9/97

CVPH MEDICAL CENTER

75 BEEKMAN ST., PLATTSBURGH, NY 12901 (518) 561-2000 DCA # AC1115888

RECOMMENDED PHARMACY: ACACIA DRUG CO.

RECOMMENDED FOR ADULT USE: 100

0.5ML. UPT

PATIENT NAME: _____

MR _____

Lot U1786DA

Tetanus and Diphtheria Toxoids Adsorbed

For Adult Use, DECAVAC™

US Govt Lic #1277

Mfd by: Aventis Pasteur Inc.

Swiftwater PA 18370 USA

CPT® Code: 90714

0.5 mL

Rx only

5243

Site: _____

ADMINISTERED BY/TITLE: _____

CVPH MEDICAL CENTER EMERGENCY AUTHORIZATION FOR TRANSFER

ALL SECTIONS (I-VI) NEED TO BE COMPLETED BY THE PHYSICIAN BEFORE TRANSFER CAN BE AUTHORIZED.

SECTION I-REASON, BENEFITS, AND RISKS MUST BE DOCUMENTED

Reason for Transfer TRAUMA SHOTBenefits of Transfer TRAUMA SHOTRisks of Transfer MVA

SECTION II- CHECK ONE THAT APPLIES

- A. The patient has been stabilized such that, within reasonable medical probability, no material deterioration of the patient's or unborn child(ren)'s condition is likely to result from transfer.
- B. The patient's condition has not been stabilized. Based on information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's medical condition from effecting the transfer.
- C. The patient is being transferred against the advice of the transferring physician by patient or guardian's request.
- D. The patient is in active labor. Based on information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's and/or unborn child(ren)'s medical condition from effecting the transfer.

SECTION III- CHECK ONE THAT APPLIES

- A. Physician recommends transfer.
- B. Patient/guardian request transfer.

SECTION IV- CHECK AND COMPLETE ONE THAT APPLIES- Patient/guardian authorization.

- A. I authorize the medical transfer of PRINCE LIAIRE to UNIVERSITY GENERAL
(Patient's Name) (Receiving Facility)

The reasons, benefits, and potential risks of the transfer have been explained to me by Dr. LIAIRE and I understand them fully.

Signed: John Witness: John

(Patient or Legal Guardian) UP PAC

- I insist on the medical transfer of UP PAC to UP PAC
(Patient's Name) (Receiving Facility)
- against the medical advice of Dr. John. I accept and fully understand the risks of the transfer as explained to me by this physician as outlined above.

Signed: John Witness: John

(Patient or Legal Guardian)

- I refuse the transfer of UP PAC against the recommendation of Dr. John.

(Patient's Name)

I fully understand and accept these risks of refusal.

Signed: John Witness: John

(Patient or Legal Guardian) 74-20

If authorization (or refusal) is signed by legal guardian, state relationship to patient John

SECTION V- CHECK ALL BELOW AS APPROPRIATE-The patient is not to be transferred unless all of the following requirements are met.

- The receiving facility has available space and qualified personnel for the treatment of the patient.
- The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.
- The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient.
- D. The patient will be transferred by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.

Addressograph

SECTION VI- Physician Authorization/SIGNATURE

I certify that I have answered the above questions based upon the information available to me at the time of the patient's examination.

Authorizing Physician

Physician's Signature

Date

White: MMS
Rev. 6-2-92

Yellow: Receiving Hospital
FORM # H264

Pink: Sending Unit

BOUDET LAURE
283731
08/28/06
29 Y 05/26/1977
MR () S
86574530